

**IMPORTANT – Applicant to complete all items in sections: I, II, III, & IV.**

<b>I. LOCATION OF HOME</b>	AT (LOCATION) _____ ZONING DISTRICT _____ (no.) (street)
	BETWEEN _____ AND _____ (cross street) (cross street)
	SUBDIVISION/MOBILE COMMUNITY/PARK _____ LOT# _____ LOT SIZE _____

**II. TYPE AND COST OF BUILDING – All applicants complete Parts A – D**

<b>A. TYPE OF IMPROVEMENT</b>  <input type="checkbox"/> New <input type="checkbox"/> Pre-Owned <input type="checkbox"/> Relocation	<b>B. MANUFACTURED HOUSING INSTALLER</b> <b>CERTIFICATION #</b> _____ <b>INSTALLERS NAME</b> _____ <b>ADDRESS:</b> _____ _____ <b>PHONE/CELL#</b> _____ <b>PROPOSED USE</b> <input type="checkbox"/> Residential <input type="checkbox"/> Other– Specify _____ _____	<p><b>If you are replacing another manufactured home prior to this installation, please contact Suzie Hamlin at (610) 932-7044 to receive a permit to remove that home first.</b></p>
<b>C. OWNERSHIP</b>  <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) <input type="checkbox"/> Public (Federal, State or Local Government)		

<b>D. COST</b> Cost of Improvement..... \$ _____ <i>To be installed but not included in the above cost</i> a. Electrical..... _____ b. Plumbing..... _____ c. Air Conditioning..... _____ <b>TOTAL COST OF IMPROVEMENT</b> \$ _____	(Omit cents)	Applicant's Notes: _____ _____ _____ _____ _____
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**IV. SELECTED CHARACTERISTICS OF HOME – For new buildings and additions, complete Parts E – L; For wrecking, complete only Part J, for all others skip to IV.**

<b>E. PRINCIPAL TYPE OF HOME</b>  <input type="checkbox"/> Single Wide <input type="checkbox"/> Double Wide <input type="checkbox"/> Multiple Units	<b>G. TYPE OF SEWAGE DISPOSAL</b>  <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (septic tank, etc.)	<b>J. DIMENSIONS</b> Height floor to grade at greatest dimension in inches _____ _____ W x _____ L x _____ H  Total square feet of floor area, All floors, based on exterior Dimensions..... _____  Total land area, sq. ft..... _____	
<b>F. PRINCIPAL TYPE OF HEATING FUEL</b>  <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Other – Specify _____ _____	<b>H. TYPE OF WATER SUPPLY</b>  <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (well, cistern)		
	<b>I. TYPE OF MECHANICAL</b>  Will there be central air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>K. NUMBER OF OFF-STREET PARKING SPACES</b> Enclosed..... _____ Outdoors..... _____	
		<b>L. NEW CONSTRUCTION ONLY</b> Number of bedrooms..... _____  Number of Bathrooms { Full..... _____ Partial..... _____	

**V. IDENTIFICATION – To be complete by all applicants**

Name		Mailing address – Number, street, city and State	ZIP Code	Tel. No.
Owner or Lessee				
Certified Installer			PA Certification #	

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Applicant Print Name	Address	Application Date
Signature	Email	
Project Contact Person	Email	Phone

**PLAN VIEWER'S NOTES:**

**NOTES:** *Applicant is responsible to follow all Zoning Ordinance & UCC requirements.*

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Signature of Plan Reviewer \_\_\_\_\_

Date: \_\_\_\_\_

**No fee is required until the time permit is issued.**

**Insert Sheet**

<b>ELECTRICAL WORK</b>							<input type="checkbox"/> Existing <input type="checkbox"/> Replace <input type="checkbox"/> New <input type="checkbox"/> Above <input type="checkbox"/> Underground		If no work, check this box → <input type="checkbox"/>
Total Service	Amps		Power Devices (List each separately) <b>Is existing field circuit</b>	Number	Output-Load	Describe Utility Revisions:			
Number of Circuits Is feed wire from meter base being changed <input type="checkbox"/> above <input type="checkbox"/> UG	2 Wire								
	3 Wire								
	4 Wire								
Number of Service Outlets Are an new outlets being installed?	110V								
	220V								
Describe Utility Revisions:									
<b>PLUMBING WORK</b>							If no work, check this box → <input type="checkbox"/>		
<input type="checkbox"/> Installed, <input type="checkbox"/> Replaced <input type="checkbox"/> Repaired <input type="checkbox"/> Gas/Oil Conversion <input type="checkbox"/> A/C Compressors									
Describe Utility Revisions:									
<b>MECHANICAL WORK</b>							If no work, check this box → <input type="checkbox"/>		
<input type="checkbox"/> Installed, <input type="checkbox"/> Replaced <input type="checkbox"/> Repaired									
Describe Utility Revisions:									
<b>MECHANICAL WORK</b>							If no work, check this box → <input type="checkbox"/>		
Use the space below to list any additional work or information about the project									